State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions (RQS) submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW							
Department Office/Division/Program:			Maine State Prison				
Department Contract Administrator or Grant Coordinator:			Robert Walden				
(If applicable) Department Reference #:							
Document Amount: \$ 29,924.40		Advantage CT / RQS #: RQS 03B 2021021		B 20210211*0755			
AMENIDMENIT	Original Start Date:		01/29/21		Effective Date:		01/21/21
AMENDMENT	Previous End Date:		,		New End Date:		
GRANT	Project Start Date:				Grant Start Date:		
OIVAIVI	Project End Date:				Grant End Date:		
ALL OTHER	Prop	oosed Start Date:	Proposed End Date:				
Vendor/Provider/Grantee Name, City, State:		WB Mason, PO Box 981101, Boston MA 02298-1101					
Brief Description of Goods/Services/Grant:			Containers and trays for feed ins				

	PART II: JUSTIFICAT	TION FOR VENDOR SELECTION
Marl	c an "X" before the justification(s) that applies t	to this request.
	A. Competitive Process	G. Grant
	B. Amendment	H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor	I. Federal Agency Directed
	D. Proprietary/Copyright/Patents	J. Willing and Qualified
	E. Emergency	K. Client Choice
	F. University Cooperative Project	L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

Food containers and trays were purchased for the Maine State Prison for feed ins due to COVID19

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PART III: SUPPLEMENTAL INFORMATION					
2.	Provide a brief justification for the selected vendor to supplement the response in Part II.				
Th rel	ne 3 compartment trays have been at times difficult to procure during the pandemic and WB Mason has been a liable source for this vital item.				

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The cost of these trays is in line with industry standards. They are slightly less than what we would pay through Sysco when and if they have them in stock.

4. Describe the plan for future competition for the goods or services.

MDOC plans to maintain a robust stock of these trays due to our continued aggressive approach to keeping our facilities safe. We will use our prime vendor, Sysco, when they have available stock. Due to critical need for these trays, MDOC need to maintain multiple vendors to support our inventories.

PART IV: APPROVALS						
Signature of requesting Department's Commissioner	By signing below, I signify that I approve of this procurement request.					
(or designee):	THE					
Printed Name:	Randall A Liberty, Commissioner		•			
Signature of DAFS Procurement Official:	Docusigned by: Dellie Jacques					
Printed Name:		Date:	2/23/2021			